

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)**

SERIAL NO. 10/043 649 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17					2	
18					1	
19					1	
20						
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47						
48						
49						
50						
TOTAL IND.	9		3			
TOTAL DER.	7		6			
TOTAL CLAIMS	16		9			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

NO.	IND.		DER.		IND.	DER.	
	IND.	DER.	IND.	DER.		IND.	DER.
51							
52							
53							
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96							
97							
98							
99							
100							
TOTAL IND.					3		
TOTAL DER.					6		
TOTAL CLAIMS					9		